



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICANT : Young et al.

INVENTION : **Cancerous Disease Modifying Antibodies**

SERIAL NUMBER : 10/603,006

FILING DATE : June 23, 2003

EXAMINER : Unassigned

GROUP ART UNIT : Unassigned

OUR FILE NO. : 2056.023

CERTIFICATE UNDER 37 CFR 1.8(a)

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PRELIMINARY AMENDMENT

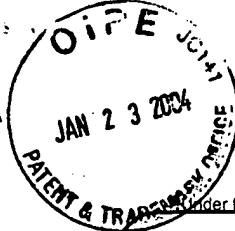
Sir/Madame:

Prior to examination on the merits, please amend the above-referenced application as follows:

Amendments to the Drawings begin on page 2 of this paper and include both an attached replacement sheet and an annotated sheet showing changes.

Remarks/Arguments begin on page 3 of this paper.

An Appendix including amended drawing figures is attached following page 4 of this paper.



PTO/SB/21 (03-03)

Approved for use through 04/30/2003. OMB 0651-0031
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/603,006		
Filing Date	06/23/2003		
First Named Inventor	David S. F. Young		
Art Unit	1641		
Examiner Name			
Total Number of Pages in This Submission	7	Attorney Docket Number	2056.023

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please Identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Ferris H. Lander McHale & Slavin, P.A.
Signature	
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